

County: Eau Claire  
FALL CREEK VALLEY NURSING HOME  
P. O. BOX 398

Facility ID: 3320

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FALL CREEK 54742 Phone: (715) 877-2411  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/01): 60  
Total Licensed Bed Capacity (12/31/01): 70  
Number of Residents on 12/31/01: 58

Ownership:  
Highest Level License: City  
Operate in Conjunction with CBRF? Skilled  
Title 18 (Medicare) Certified? No  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 56

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		43.1
Supp. Home Care-Personal Care	No					1 - 4 Years		39.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.4	More Than 4 Years		17.2
Day Services	No	Mental Illness (Org./Psy)	29.3	65 - 74	10.3			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	41.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.4	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	3.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	1.7		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	24.1	65 & Over	96.6	-----		
Transportation	No	Cerebrovascular	15.5		-----	RNs		9.0
Referral Service	No	Diabetes	5.2	Sex	%	LPNs		8.0
Other Services	Yes	Respiratory	8.6		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	13.8	Male	31.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	69.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)					
Int. Skilled Care	1	20.0	270	1	2.9	123	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.4
Skilled Care	4	80.0	270	31	88.6	105	0	0.0	0	17	94.4	115	0	0.0	0	0	0.0	0	52	89.7
Intermediate	---	---	---	3	8.6	87	0	0.0	0	1	5.6	115	0	0.0	0	0	0.0	0	4	6.9
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		35	100.0		0	0.0		18	100.0		0	0.0		0	0.0		58	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	16.4	Daily Living (ADL)	Independent			
Private Home/With Home Health	4.5	Bathing	0.0	79.3	20.7	58
Other Nursing Homes	9.0	Dressing	13.8	58.6	27.6	58
Acute Care Hospitals	70.1	Transferring	25.9	55.2	19.0	58
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	20.7	56.9	22.4	58
Rehabilitation Hospitals	0.0	Eating	75.9	6.9	17.2	58
Other Locations	0.0	*****				
Total Number of Admissions	67	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	6.9	Receiving Respiratory Care	0.0	
Private Home/No Home Health	19.7	Occ/Freq. Incontinent of Bladder	43.1	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	14.8	Occ/Freq. Incontinent of Bowel	22.4	Receiving Suctioning	0.0	
Other Nursing Homes	8.2			Receiving Ostomy Care	3.4	
Acute Care Hospitals	13.1	Mobility		Receiving Tube Feeding	0.0	
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	8.6	Receiving Mechanically Altered Diets	41.4	
Rehabilitation Hospitals	0.0					
Other Locations	9.8	Skin Care		Other Resident Characteristics		
Deaths	34.4	With Pressure Sores	5.2	Have Advance Directives	100.0	
Total Number of Discharges (Including Deaths)	61	With Rashes	1.7	Medications		
				Receiving Psychoactive Drugs	53.4	

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Government Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	80.0	81.4	0.98	85.1	0.94	84.3	0.95	84.6	0.95
Current Residents from In-County	89.7	84.1	1.07	80.0	1.12	82.7	1.08	77.0	1.16
Admissions from In-County, Still Residing	29.9	32.4	0.92	20.9	1.43	21.6	1.38	20.8	1.43
Admissions/Average Daily Census	119.6	64.0	1.87	144.6	0.83	137.9	0.87	128.9	0.93
Discharges/Average Daily Census	108.9	66.7	1.63	144.8	0.75	139.0	0.78	130.0	0.84
Discharges To Private Residence/Average Daily Census	37.5	19.2	1.95	60.4	0.62	55.2	0.68	52.8	0.71
Residents Receiving Skilled Care	93.1	85.0	1.09	90.5	1.03	91.8	1.01	85.3	1.09
Residents Aged 65 and Older	96.6	84.3	1.15	94.7	1.02	92.5	1.04	87.5	1.10
Title 19 (Medicaid) Funded Residents	60.3	77.7	0.78	58.0	1.04	64.3	0.94	68.7	0.88
Private Pay Funded Residents	31.0	16.8	1.84	32.0	0.97	25.6	1.21	22.0	1.41
Developmentally Disabled Residents	0.0	3.2	0.00	0.9	0.00	1.2	0.00	7.6	0.00
Mentally Ill Residents	29.3	56.2	0.52	33.8	0.87	37.4	0.78	33.8	0.87
General Medical Service Residents	13.8	15.4	0.90	18.3	0.75	21.2	0.65	19.4	0.71
Impaired ADL (Mean)	47.2	49.2	0.96	48.1	0.98	49.6	0.95	49.3	0.96
Psychological Problems	53.4	65.9	0.81	51.0	1.05	54.1	0.99	51.9	1.03
Nursing Care Required (Mean)	6.5	7.6	0.86	6.0	1.07	6.5	0.99	7.3	0.88